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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT     | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|---------------------------|------------------------|
| 10/761,914         | 01/21/2004             | Vincent Edward Groppi JR. | 01498.US1              |

25533  
PHARMACIA & UPJOHN  
301 HENRIETTA ST  
0228-32-LAW  
KALAMAZOO, MI 49007

**CONFIRMATION NO. 4018**  
**FORMALITIES LETTER**



Date Mailed: 04/27/2004

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

**FILED UNDER 37 CFR 1.53(b)**

*Filing Date Granted*

**Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$130** for a Large Entity

- **\$130** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts

09/26/2005 EAYALEW1 00000047 161445 10761914 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria VA 22313-1450

01 FC:1051 130.00 DA

*A copy of this notice **MUST** be returned with the reply.*

M-HAILE

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 3 - OFFICE COPY



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|  |                               |                   |
|--|-------------------------------|-------------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | <b>Application Number</b>     | 10/761,914        |
|  | <b>Filing Date</b>            | 01/21/04          |
|  | <b>First Named Inventor</b>   | Vincent E. Groppi |
|  | <b>Art Unit</b>               | Not Yet Assigned  |
|  | <b>Examiner Name</b>          | Not Yet Assigned  |
| <b>Total Number of Pages in This Submission</b>  | <b>Attorney Docket Number</b> | PC27871A          |

**ENCLOSURES (check all that apply)**

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawings(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Declaration and Power of Attorney |
| <b>Remarks</b>   |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                                |  |
|--------------------------------|--|
| <b>Firm or Individual Name</b> |  |
| <b>Signature</b>               |  |
| <b>Date</b>                    |  |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                              |                |                  |                       |             |               |
|------------------------------|----------------|------------------|-----------------------|-------------|---------------|
| <b>Typed or Printed Name</b> | Eileen M. Ebel | <b>Signature</b> | <i>Eileen M. Ebel</i> | <b>Date</b> | Sept 21, 2005 |
|------------------------------|----------------|------------------|-----------------------|-------------|---------------|

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Effective on 12/08/2004  
 Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

# FEE TRANSMITTAL for FY 2005

| Complete if Known    |                   |
|----------------------|-------------------|
| Application Number   | 10/761,914        |
| Filing Date          | 01/21/04          |
| First Named Inventor | Vincent E. Groppl |
| Examiner Name        | Not Yet Assigned  |
| Art Unit             | Not Yet Assigned  |
| Attorney Docket No.  | PC27871A          |

Applicant claims small status. See 37 CFR 1.27  
**Total Amount of Payment** (\$) 130.00

**METHOD OF PAYMENT** (check all that apply)

Check   
  Credit Card   
  Money Order   
  None   
  Other (please identify): \_\_\_\_\_

Deposit Account: Deposit Account number 16-1445 Deposit Account Name Pfizer Inc  
 For the above identified deposit account, the Director is authorized to: (check all that apply)

Charge fee(s) indicated below                     
  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.1.6 and 1.17                     
  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEE CALCULATION**

**1. BASIC FILING FEE**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees paid |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|-----------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |           |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |           |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |           |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |           |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |           |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |           |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |
| <b>Total Claims</b>                                |          |                       |

- 20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP= highest number of total claims paid for, if greater than 20

- 3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP= highest number of total claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Fee (\$) | Fee Paid (\$)                      |
|--------------|--------------|----------|------------------------------------|
| _____        | _____ / 50   | _____    | _____ (round up to a whole number) |

Fee (\$) \_\_\_\_\_ Fees Paid (\$) \_\_\_\_\_

**4. OTHER FEE(S)**

| Other   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) |                |
| Other : <u>Late Filing Surcharge</u>                            | 130            |

**Submitted**

|                     |                |                  |        |           |              |
|---------------------|----------------|------------------|--------|-----------|--------------|
| Name (Printed/Type) | Eileen M. Ebel | Registration No. | 37,316 | Telephone | 212-733-0885 |
| Signature           |                |                  |        |           |              |

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file ( and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-pto-9199 and select option 2.